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MARK HERE FOR CIVILIAN OR CONTRACTOR PRE-ELIGIBILITY →		APPLICATION FOR DEPARTMENT OF DEFENSE COMMON ACCESS CARD DEERS ENROLLMENT				Form Approved OMB No. 0704-0415 Expires Apr 30, 2001			
SECTION I EMPLOYEE INFORMATION	1. NAME (Last, First, Middle)				2. SEX	3. SSN (or SN)		4. STATUS	5. ORGANIZATION
	6. PAY GRADE		7. GEN. CAT	8. CITIZENSHIP	9. DATE OF BIRTH (YYYYMMDD)		10. PLACE OF BIRTH		11. LAST UPDATE (YYYYMMDD)
									12. V/I
	13. CURRENT RESIDENCE ADDRESS					14. SUPPLEMENTAL ADDRESS INFORMATION			
	15. CITY			16. STATE	17. ZIP CODE		18. COUNTRY		19. HOME E-MAIL ADDRESS
	20. CITY OF DUTY LOCATION			21. STATE OF DUTY LOCATION		22. COUNTRY OF DUTY LOCATION		23. OFFICE E-MAIL ADDRESS	
	24. SPONSORING OFFICE NAME							25. SPONSORING OFFICE TELEPHONE NUMBER	
	26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)								
	27 SUPPLEMENTAL ADDRESS INFORMATION							28. OVERSEAS ASSIGNMENT (Country)	
	29. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)			30. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)			31. TYPE OF CARD ISSUED		
32. ELIG ST/EFF DATE (YYYYMMDD)			33. CARD EXPIRATION DATE (YYYYMMDD)			34. SUPPLEMENTAL ASSIGNMENT INFORMATION			
SECTION II EMPLOYEE DECLARATION AND REMARKS	35. REMARKS (Cite legal documentation, as applicable.)								NOTARY SIGNATURE AND SEAL
	I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)								
	36. SIGNATURE							37. DATE SIGNED (YYYYMMDD)	
SECTION III VERIFIED BY	38. TYPED NAME (Last, First, Middle)				39. PAY GRADE		40. UNIT/ORGANIZATION NAME		
	41. TITLE		42. UIC	43. DUTY PHONE NO.		44. UNIT/ORGANIZATION ADDRESS (Street, City, State, ZIP Code)			
	45. SIGNATURE				46. DATE VERIFIED (YYYYMMDD)				
SECTION IV ISSUED BY	47. TYPED NAME (Last, First, Middle)				48. PAY GRADE		49. UNIT/COMMAND NAME		
	50. TITLE		51. UIC	52. DUTY PHONE NO.		53. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)			
	54. SIGNATURE				55. DATE ISSUED (YYYYMMDD)				
SECTION V RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED								
	56. SIGNATURE							57. DATE ISSUED (YYYYMMDD)	

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0415), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS.

RETURN COMPLETED FORM TO A REAL-TIME AUTOMATED PERSONNEL IDENTIFICATION SYSTEM WORK STATION.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 301; 10 U.S.C. Sections 1074(c)(1) and 1095(k)(2); 10 U.S.C. chapter 147; 50 U.S.C. chapter 23; E.O. 9397; E.O. 10450, as amended.

PRINCIPAL PURPOSE(S): To apply for the Common Access Card and/or DEERS Enrollment; control access to and movement in or on DoD installations, buildings, or facilities; regulate access to DoD computer systems and networks; and verify eligibility, if authorized, for DoD benefits or privileges.

ROUTINE USE(S): To Federal and State agencies and private entities, as necessary, on matters relating to utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Federal government facilities, computer systems, networks, and controlled areas.

DISCLOSURE: Voluntary; however, failure to provide information may result in denial of a Common Access Card, non-enrollment in the Defense Enrollment Eligibility Reporting System, refusal to grant access to DoD installations, buildings, facilities, computer systems and networks, and denial of DoD benefits and privileges if otherwise authorized. (For contractor personnel only: Failure to provide a social security number will not result in denial of card, enrollment in DEERS, access to facilities or networks, or if eligible for, receipt of DoD benefits and privileges.)